



Personnel

TUITION ASSISTANCE PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

This instruction provides the basic authority and sets up the objectives, requirements, and assigned responsibilities for the conduct and administration of education and training for the Air Reserve Personnel Center (ARPC) Tuition Assistance Program. It gives guidance for determining needs; validating requirements; financial funding; and evaluating, documenting, and reporting completed education and training. This instruction requires collecting and maintaining information protected by the Privacy Act of 1974. Authorities to collect and maintain the records are by Title 5 U.S.C., Section 4118 and Title 10 U.S.C., Section 8013. Forms affected by the Privacy Act have an appropriate Privacy Act Statement. Tuition assistance funding guidance for military members is in AFI 36-2306, *The Education Services Program*, paragraph 5.

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1. Policy. We recognize that the strength of ARPC lies in our people. We also recognize that ARPC will be prepared to meet the challenges of the future only if we properly prepare our people to meet these challenges. We are therefore committed to encouraging and supporting our people as they grow personally and professionally. Our tuition assistance policy follows that philosophy--we encourage and support all of our people in seeking advanced education--and we will approve requests for advanced education to support the ARPC mission and the individual needs of our people.

2. Definition. Tuition assistance is funding for qualifying general educational development (GED), adult basic education (ABE), high school, post secondary (undergraduate), graduate, technical, occupational, correspondence, and other programs. All institutions receiving tuition assistance funding through ARPC must be accredited by the American Council of Education on their annual listing of accredited institutions. All courses of accredited institutions that support the educational goals of our employees and have a potential to benefit ARPC and the Air Force qualify for tuition assistance funding.

2.1. Developmental learning options are available to ALL ARPC PERSONNEL (see paragraph 4), without regard to race, color, religion, sex, age or national origin.

2.2. Tuition assistance WILL NOT be provided by ARPC for participation in programs which discriminate because of race, color, religion, sex, age, or national origin in the admission or subsequent treatment of students.

3. Tuition Assistance Funding. The ARPC tuition assistance funding rate is *75 percent of the tuition cost*. ARPC may pay costs which are necessary for training physically challenged employees, such as interpreters for the hearing-impaired and readers, tapes or Braille learning materials for the visually-impaired.

3.1. Tuition assistance funding WILL NOT be authorized for any employee:

- When it would constitute a duplication of any tuition assistance benefits received.
- For funding books or other course-related fees.
- For examination fees incurred in taking the College Level Examination Program (CLEP), Graduate Management Admission Test (GMAT), Graduate Record Examination (GRE).
- For Scholastic Aptitude Test (SAT), American College Test (ACT), or other similar examinations.
- For optional fees such as health insurance, parking fees, transcript fees, charges for personal services, the cost of vicinity travel, or other regulatory exclusions.

4. Eligibility. ARPC civilian employees performing continuous assigned duties and located at ARPC may apply for ARPC tuition assistance if they are permanent civilian employees or employees on time-limited appointments that are hired from permanent positions without a break in service. Both of these civilian employee classifications must have 1 year of continuous federal service before the starting date of any course.

5. Authorities, Responsibilities, and Procedures. DD Form 1556, **Request, Authorization, Agreement, Certification of Training and Reimbursement** (attachment 1), is prepared by the directorate requiring training. All back-up course materials (course descriptions, flyers, etc.) are to be attached to the DD Form 1556.

5.1. Course Review. Supervisors review and approve/disapprove courses. If the supervisor has questions regarding a course (Is the training job or mission related?), they can request additional information or assistance from the Education and Training Division (RMT).

5.2. DD Form 1556 Approval. Upon approval, the supervisor signs and dates Block 32 of the DD Form 1556, and forwards the forms to the appropriate Directorate Training Monitor. The training monitor reviews the forms for completeness, initials the top right corner, obtains initials from the director/deputy in the top right corner, and forwards the DD Form 1556, with attachments, to RMT at least 10-working days prior to the first day of class.

5.3. DD Form 1556 Disapproval. The supervisor advises an employee of a disapproval action. If an employee is satisfied with the supervisor's explanation for disapproval, no further action is required. If an employee is not satisfied with the supervisor's explanation for disapproval, the employee prepares a written rebuttal, attaches it to the original DD Form 1556 and forwards it to their supervisor and director. The supervisor and director initial the rebuttal and forwards it to RMT.

5.3.1. RMT reviews the DD Form 1556 and rebuttal for compliance with directives and local policies and prepares a suggested response for the Director of Resource Management and Support Service's (RM) signature.

5.4. DD Form 1556 Authorization. If RMT approves a DD Form 1556 request, the RMT Chief marks "approved" in Block 34a and signs Block 34d. The RMT Superintendent allocates funding using the government International

Merchants Purchasing Authorization Card (IMPAC). The Budget Division (RMB) affixes an accounting classification as required in Block 27, if the vendor doesn't accept the government IMPAC card. RMT forwards a copy of the processed DD Form 1556 to the Directorate Training Monitor for dissemination.

5.4.1. If RMT recommends disapproval of the DD Form 1556 request, the RMT Chief marks disapproved in Block 34a and forwards the request with background data to RM for final approval/disapproval.

5.4.1.1. If RM approves the DD Form 1556 request, the form is processed for action.

5.4.1.2. If RM disapproves the DD Form 1556 request, RMT forwards the disapproval package to the appropriate director/supervisor and the supervisor advises the employee. The employee reserves the right to file an official complaint through the normal chain of command or through the Union if they feel the disapproval action is unjust.

5.5. Course Attendance. Employees are not authorized duty time for voluntary courses. Work hours may be extended within the band width hours of 0630 to 1800.

5.6. Course Completion. After completing a course, RMT sends the evaluation copy of the DD Form 1556 to the employee. The employee completes the DD Form 1556 evaluation (appropriate trainee sections) and OF 612, **Optional Application for Federal Employment** (attachment 2), attaches a copy of the grade card, and gives all the forms to their supervisor. Their supervisor then completes the DD Form 1556 evaluation (appropriate supervisor sections) and returns all the forms to RMT. RMT sends a copy of the DD Form 1556, completed DD Form 1556 evaluation, OF 612, and grade card to the Civilian Personnel Office (RMC) for personnel record update.

5.7. Canceled Course. If a course is canceled by a college, university, or other institution, the employee must notify RMT and, in turn, their Directorate Training Monitor.

6. Withdrawals. If an employee has to withdraw from a course due to:

6.1. Reasons beyond their control. An employee's director determines, on a case-by-case basis, if an employee should pay for the course from which they have withdrawn. Once a final decision is made, the director notifies the employee's supervisor, the employee, and RMT in turn, in writing, of the final decision.

6.2. Course being too advanced. An employee must officially withdraw within the time frame allotted by a college, university, or other institution before tuition cost is incurred. If an employee fails to officially withdraw within the allotted time frame, they are required to reimburse the government for all monies paid. It is the employee's responsibility to research the content of a course to ensure that they meet all prerequisite requirements or to obtain appropriate waivers for entry into a course of instruction before submitting the tuition assistance request.

7. Reimbursement to the Government. All ARPC employees are required to reimburse the government for monies paid, if a course is not completed satisfactorily. Students must maintain satisfactory grades, undergraduate (D or above) and graduate (C or above), in accordance with the requirements of the participating academic institution. Civilian employees **must** notify RMT for guidance on the collection process.

8. Standard Form 1164, Claim for Reimbursement for Expenditures on Official Business. A civilian employee submits the completed SF 1164 (attachment 3) for tuition assistance when expenditures are pre-paid by the employee and not covered in the DD Form 1556 (An example might be the one-time academic institution registration fee), with all financial receipts, to their Directorate Training Monitor immediately after registration. The training monitor reviews the form for completeness, initials the top right corner, obtains initials from the director/deputy in the top right corner, and forwards the SF 1164, with all financial receipts, to RMT. Upon approval, the RMT Chief signs Block 8 and forwards the claim, as appropriate, for reimbursement to the employee.

DAVID M. GALLOP
Chief, Information and Services Division
Directorate of Information Systems Support

SAMPLE DD FORM 1556

Circle the appropriate
copy designator.Copy 1- AGENCY (TRAINING/PERSONNEL FOLDER)
Copy 6- AGENCY (FINANCE/DISBURSING, TUITION)Copy 7- AGENCY (FINANCE/DISBURSING, BOOKS, ETC)
Copy 8- AGENCY (EMPLOYEE)

Copy 10- ACTIVITY (OPTIONAL USE)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT										
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identifier/FY/Doc./type code/Serial Number)			C. Request Status or Process Code (X one)		D. Amendment No.		
						(1) Initial		(2) Resubmission		
						(3) Correction		(4) Cancellation		
Section A - TRAINEE / APPLICANT INFORMATION										
1. Name (Last, First, Middle Initial) RUPERT ROBERT K			2. 1st 5 letters of last name RUPER		3. Social Security Number 987-65-4321		4. Ed. level 09		5. Continuous Federal Svc a. Years 10 b. Months 8	
6. Home Address (Street, City, State and ZIP Code) (optional) 1234 SPRUCE STREET AURORA CO 80011			7. Phone Numbers (Include area code) a. Home (303) 622-9411 b. Office		8. Position Title MANAGEMENT ANALYST		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)		10. Pay Plan / Series / Grade / Step (Rank/MOS/AFSC/or Navy Designator) GS-205-11/1	
11. Organization Name HQ AIR RESERVE PERSONNEL CENTER			(1) Commercial (303) 676-7324 (2) Autovon 9267324							
12. Organization Mailing Address (Include ZIP) 6760 E IRVINGTON PL #6000 DENVER CO 80280-6000			13. Organization UIC		16. Are you handicapped or disabled? (X one) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		14. Type of Appointment C		15. No. Prior non-government training days	
Section B - TRAINING COURSE DATA										
17. Course Title PRINCIPLES OF MANAGEMENT										
18. Training Objectives (Benefits to be derived by the Government) TO IMPROVE MY MANAGEMENT SKILLS WHEN DEALING WITH OTHER EMPLOYEES WHILE IN THE WORKPLACE.										
19. Recommended Training Source, School or Facility a. Name COMMUNITY COLLEGE OF AURORA b. Mailing address (Include ZIP) 16000 E CENTRE TECH PKWY AURORA CO 80011-9036										
20. Course Codes a. Purpose 4 f. Security Clearance U k. Training Program b. Type 6 g. Allocation Status 1 l. Reason for Selection 4 c. Source 4 h. Priority 3 23. Training Period (YYMMDD) d. Special Interest 0 i. Training Level 8 a. Start 960701 e. Training Vendor j. Method of Training 7 b. Complete 960825 c. TOTAL 45										
21. Course hours (4 digits) 45 22. Course Identifiers a. SAID b. Catalog / Course No. MAN 290-10 c. Offering / TLN										
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box										
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)										
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source										
26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs 28. Labor Costs										
27. Accounting Classification										
29. Signature of Fiscal Officer (Follow local procedure)										
30. Total of Direct & Indirect Costs										
31. Job Order No.										
Section D - APPROVAL / CONCURRENCE / CERTIFICATION										
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) IMMEDIATE SUPERVISOR b. Phone number (Include area code) (c. Signature & Title IMMEDIATE SUPERVISOR d. Date										
33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) RMT TRAINING COORDINATOR b. Phone number (Include area code) c. Signature & Title RMT TRAINING COORDINATOR d. Date										
34. Authorizing Official a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved b. Typed Name (Last, First, Middle Initial) RMT CHIEF c. Phone number (Include area code) d. Signature & Title CHIEF, EDUCATION AND TRAINING DIVISION e. Date										
35. Course Acceptance (To be completed by school official) a. Accepted <input checked="" type="checkbox"/> b. Not Accepted <input type="checkbox"/> c. School Official Signature d. Date										
36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input checked="" type="checkbox"/> b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date										
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to: HQ ARPC/RMT 6760 E IRVINGTON PL #6000 DENVER CO 80280-6000										
38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number										

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

DD Form 1556, MAR 87 (EG)

Previous edition may be used until exhausted.

DoD exception to SF 182
approved by GSA/IRMS 11-86.(DISA/IR) (DTS, Inc.)
PERFORM PRO V2.00

SAMPLE OF 612

Form Approved
OMB No. 3206-0219

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement	2 Grade(s) applying for	3 Announcement number
4 Last name RUPERT	First and middle names ROBERT KENNETH	5 Social Security Number 987-65-4321
6 Mailing address 1234 SPRUCE STREET City AURORA		7 Phone numbers (Include area code) Daytime (303) 676-7324 Evening ()
State CO		ZIP Code 80011

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
		\$	
Employer's name and address HQ ARPC/CC 6760 E IRVINGTON PL #1000, DENVER CO 80280-1000			Supervisor's name and phone number ()

Describe your duties and accomplishments

EDUCATION UPDATE:

COURSE TITLE	# CLASS HOURS	DATE COMPLETED	COLLEGE MAJOR	COLLEGE
PRINCIPLES OF MANAGEMENT	3 SEM HRS	25 AUGUST 96	MANAGEMENT	COLUMBIA

REVERSE OF FORM DOES NOT NEED TO BE FILLED OUT, DATE AND SIGN ONLY.

2) Job title (if Federal, include series and grade)			
From (MM/YY)	To (MM/YY)	Salary per	Hours per week
		\$	
Employer's name and address			Supervisor's name and phone number ()
Describe your duties and accomplishments			

SAMPLE SF 1164

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER				
				3. SCHEDULE NUMBER				
<i>Read the Privacy Act Statement on the back of this form.</i>				5. PAID BY				
4. a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.						
RUPERT, ROBERT		987-65-4321						
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER						
1234 SPRUCE STREET AURORA CO 80011		(303) 676-7324						
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)								
DATE	C O D E	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED			
					MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
	C	Reimbursement for Community "Principles of Management"	College of Aurora class, MAN 290-10, 960701-960825					135.60
	C	Reimbursement for College HQ ARPC Tuition Assistance	Registration Fee IAW Policy. See attached receipts.					41.25
		"I certify that this claim is true, correct, and proper. I have not received payment or credit for this expenditure."						
		"I certify that the expenses shown were incurred to provide direct support to the HQ ARPC mission."						
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 176.85				TOTALS				176.85
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.				
Sign Original Only				PAYMENT DESIRED <i>Sign Original Only</i>				
<div style="display: flex; justify-content: space-between;"> <div> APPROVING OFFICIAL SIGN HERE </div> <div> Chief, Education & Training Division </div> <div> DATE </div> </div>				<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH				
				CLAIMANT SIGN HERE				
9. This claim is certified correct and proper for payment.				11. CASH PAYMENT RECEIPT				
				a. PAYEE (Signature)				
<div style="display: flex; justify-content: space-between;"> <div> AUTHORIZED CERTIFYING OFFICER SIGN HERE </div> <div> Sign Original Only </div> <div> DATE </div> </div>				b. DATE RECEIVED				
				c. AMOUNT \$				
				12. PAYMENT MADE BY CHECK NO.				
ACCOUNTING CLASSIFICATION								